

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000075212
1. Corporation Name
PAIR - A-TENS CORP

Principal Place of Business: 124 W. PINE ST SUITE 206 ORLANDO, FL 32801
Mailing Address: 8015 BAY LAKES CT ORLANDO, FL 32836

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

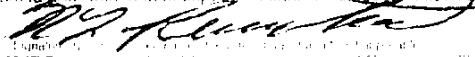
3. Date Incorporated or Qualified	4. FET Number 59-3206880	Applied For Not Applicable
5. Certificate of Status Desired	☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	☐	\$5.00 May Be Added to Fees
8. This corporation owns or has paid the current year Intangible Personal Property Tax due June 30	☒ Yes ☐ No	

9. Name and Address of Current Registered Agent
NORMAN L PERRETEN
8015 BAY LAKES CT
ORLANDO, FL 32836

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	

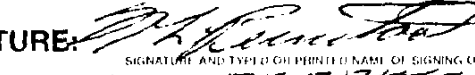
11. Pursuant to the provisions of Sections 607.01(1)(a) and 607.01(1)(b), Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligation of Section 607.01(1)(c), Florida Statutes.

SIGNATURE:  DATE: 5-27-98

12. OFFICERS AND DIRECTORS	
TITLE	☐ OFFICER ☐ DIRECTOR
NAME	PAMELA SUE PERRETEN
STREET ADDRESS	8015 BAY LAKES CT
CITY- ST- ZIP	ORLANDO, FL 32836
TITLE	☐ OFFICER ☐ DIRECTOR
NAME	NORMAN L PERRETEN
STREET ADDRESS	8015 BAY LAKES CT
CITY- ST- ZIP	ORLANDO, FL 32836
TITLE	☐ OFFICER ☐ DIRECTOR
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ OFFICER ☐ DIRECTOR
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ OFFICER ☐ DIRECTOR
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE	☐ Change ☐ Addition
12. NAME	
13. STREET ADDRESS	
14. CITY- ST- ZIP	
15. TITLE	☐ Change ☐ Addition
16. NAME	
17. STREET ADDRESS	
18. CITY- ST- ZIP	
19. TITLE	☐ Change ☐ Addition
20. NAME	
21. STREET ADDRESS	
22. CITY- ST- ZIP	
23. TITLE	☐ Change ☐ Addition
24. NAME	
25. STREET ADDRESS	
26. CITY- ST- ZIP	
27. TITLE	☐ Change ☐ Addition
28. NAME	
29. STREET ADDRESS	
30. CITY- ST- ZIP	

14. I hereby certify that the information submitted with this report does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this document is true and correct to the best of my knowledge and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation, and that I am duly authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE:  DATE: 5-27-98 (407) 839-5877

CR2E034 (10/97)